

ec'd PCT/PTO 29 AUG 2005

•	U.S. P	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995.	no persons are required to respond to a coll Application Number	ollection of information unless it displays a valid OMB control number.
TRANSMITTAL	Filing Date	1/28/2005
FORM	First Named Inventor	Rene Le Flecher
FORIVI	Art Unit	Not Yet Assigned
	Examiner Name	<del></del>
(to be used for all correspondence after initial t	iling)	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	BLO-104/PCT/US
	ENCLOSURES (Check all )	I that apply)
	CITOLOGOREO (CITOCK AII)	After Allowance Communication to TC
Fee Transmittal Form	Drawing(s)	
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment/Penty	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
Amendment/Reply	Petition to Convert to a	
After Final	Provisional Application Power of Attorney, Revocation	Proprietary Information
Affidavits/declaration(s)	Change of Correspondence A	Address Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):
·		Declaration
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s)	
	Landscape Table on CD	D
Certified Copy of Priority	Remarks	
Document(s)		
Reply to Missing Parts/		
Incomplete Application Reply to Missing Parts		
<b>✓</b> under 37 CFR 1.52 or 1.53		
SIGNA	TURE OF APPLICANT, ATTOR	RNEY, OR AGENT
Firm Name Lumen Intellectual Propert	ervices, Inc.	
Signature		
Printed name Ron Jacobs		
Date 8/26/05	R	Reg. No. 50,142
I hereby certify that this correspondence is be sufficient postage as first class mail in an env	ERTIFICATE OF TRANSMISSI eing facsimile transmitted to the USPTO elope addressed to: Commissioner for	O or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
the date shown below: Signature	+~	
Typed or printed name Erico	Hernandez	Date 8126/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



(Attorney/Agent)	Fees nursuant to	Effective on 12		05 (H R 4818)		<u>C</u>	omplete if K	nown	
FIGURE Applicant claims small entity status. See 37 CFR 1.27  Art Unit  And Unit  At Unit  At Unit  At Unit  Not Yet Assigned  At Unit  Not Assigned  At Unit  Not Yet Assigned  At Uni					- ''	lumber 1	0/522,867		
Zapplicant claims small entity status. See 37 CFR 1.27	l LCE		•		Filing Date	1	//28/2005		
TOTAL AMOUNT OF PAYMENT   (\$) 65.00		For FY	2005		First Named	Inventor F	Rene Le Fleche	er	
METHOD OF PAYMENT (S) 65.00   Attomity Docket No.   BLO-104/PCT/US	Applicant c	laims small entity s	tatus. See 37 C	FR 1.27	Examiner Na	ıme M	Not Yet Assig	ned	
METHOD OF PAYMENT (check all that apply)  □ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): ☐ □ Deposit Account Deposit Account Number: ☐ Deposit Account Name: ☐ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below, except for the		<del></del>	T				Not Yet Assigned	d	·
Check  Credit Card  Money Order  None  Other (please identify):    Deposit Account Deposit Account Number.	TOTAL AMOUN	IT OF PAYMENT	(\$) 65.00		Attorney Doc	ket No.	BLO-104/PCT/US	S	
Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	METHOD OF	PAYMENT (chec	k all that apply	)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check	Credit Card	Money Ord	ler Nor	ne Other	r (please iden	tify):		
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PT0-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SMAIL Entity  Fee (s) Fee (	Deposit A	ccount Deposit A	count Number:		Deposi	t Account Nan	ne:		
Charge any additional fee(s) or underpayments of fee(s)	For the a	bove-identified dep	osit account, the	Director is he	reby authorized	l to: (check a	III that apply)		
WARNINGS: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.    FEE CALCULATION	☐ CH	arge fee(s) indicate	ed below		Cha	arge fee(s) ir	ndicated below	, except for the f	iling fee
Information and authorization on PTO-2038.     FEE CALCULATION	∐ L⊟un	der 37 CFR 1.16 a	nd 1.17	•		-		m. Provide credit ca	ard
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   F	information and a	uthorization on PTO							
Fil.ING FEES   Small Entity   Fee (\$)   Fee	FEE CALCUL	ATION							
Utility   300   150   500   250   200   100   100   250   200   100   250   200   100   250   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200	1. BASIC FILI		NG FEES	SEAF					
Design   200   100   100   50   130   65	Application	Type Fee				Fee (		Y <u>Fees Pa</u>	aid (\$)
Plant   200   100   300   150   160   80	Utility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Total Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Total Sheets Extra Sheets Number of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Fee Paid (\$)  Registration No. 50,142  Telephone 650-424-0100	Design	200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /50 = /5	Reissue	300	150	500	250	600	300		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$			100	0	0	0	0		
Total Claims  - 20 or HP =	Fee Description Each claim ove Each independent	r 20 or, for Reiss ent claim over 3 o						Fee (\$) 50 al patent 200	Fee (\$) 25 100
-20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims				· -	<b>.</b>				180
HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other: Late Surcharge Fee  Registration No. (Attorney/Agent)  Registration No. 50,142  Telephone 650-424-0100				(\$) <u>Fee</u>	Paid (\$)				
-3 or HP = x = = = = = = = = = = = = = = = = =	HP = highest nun	nber of total claims pa	id for, if greater tha			1.00	141	CC T aid (4)	
## ## ## ## ## ### ### ### ###########				(\$) <u>Feel</u>	<u>Paid (\$)</u>				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets				ater than 3					
Non-English Specification, \$130 fee (no small entity discount)  Other: Late Surcharge Fee  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 50,142  Telephone 650-424-0100	If the specific for each a	cation and drawir dditional 50 shee ts <u>Extra</u>	ets or fraction t	hereof. See umber of eac	35 U.S.C. 41( h additional 5	(a)(1)(G) ar 0 or fraction	nd 37 CFR 1. thereof	.16(s). Fee (\$) Fee	
Non-English Specification, \$130 fee (no small entity discount)  Other: Late Surcharge Fee  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 50,142  Telephone 650-424-0100	4. OTHER FEE							Fee	s Paid (\$)
Registration No. (Attorney/Agent) Telephone 650-424-0100	Non-Englis	h Specification,		small entity	discount)				
Registration No. (Attorney/Agent) Telephone 650-424-0100	Other: Late	Surcharge Fee			•			\$65.00	
Registration No. (Attorney/Agent) Telephone 650-424-0100	SUBMITTED BY								
	Signature	1	4		Registration No	<sup>0.</sup> 50,142	Tele	phone 650-424-	0100
Name (Print/Type) Ron Jacobs \( \bigcup \)		Ron Jacobs	<del>/</del>		(Attorney/Agent)			/ / /	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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U.S. APPLICATION NUMBER NO. FIRST NAMED APPLICANT ATTY. DOCKET NO. BLO-104/PCT/US

10/522.867

Rene Le Flecher

INTERNATIONAL APPLICATION NO.

PCT/FR03/02436

Katharina Wang Schuster 2345 Yale Street 2nd Floor Palo Alto, CA 94306



I.A. FILING DATE PRIORITY DATE 07/31/2003 07/31/2002

**CONFIRMATION NO. 5241 371 FORMALITIES LETTER** \*OC000000016614319\*

Date Mailed: 07/27/2005

## NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 01/28/2005
- English Translation of the IA filed on 01/28/2005
- Information Disclosure Statements filed on 01/28/2005
- Small Entity Statement filed on 01/28/2005
- U.S. Basic National Fees filed on 01/28/2005
- Priority Documents filed on 01/28/2005

The following items MUST be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$65 Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

## SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:

\$65 Late oath or declaration Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION. WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

A copy of this notice **MUST** be returned with the response.

SHELBY J VIGIL

Telephone: (703) 308-9140 EXT 224

## PART 1 - ATTORNEY/APPLICANT COPY

10.00		
U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/522.867	PCT/FR03/02436	BLO-104/PCT/US

FORM PCT/DO/EO/905 (371 Formalities Notice)